

CALIFORNIA BOARD OF ACCOUNTANCY

2000 EVERGREEN STREET, SUITE 250 SACRAMENTO, CA 95815-3832 TELEPHONE: (916) 263-3680 FACSIMILE (916) 263-3675 WEB ADDRESS: http://www.dca.ca.gov/cba



CRIMINAL CONVICTION DISCLOSURE FORM

(Making or giving any false statement or information in connection with an application is reason for denial of a license under Business and Professions Code Section 480)

NAME	LAST	F	FIRST		MIDDLE	
ADDRESS	STREET OR BOX NUMBER	CITY		STATE	ı	ZIP CODE
BIRTH DATE: MOI	NTH DATE YEAR					<u> </u>
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	der penalty of perjury under the laws this form are true, complete and accu		alifornia tha	at all statement	's, answei	rs, and
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INFORMATION COLLECTION AND ACCESS

This information is required for licensure under Business and Professions Code Section 5080. Failure to provide any of the required information is grounds for denial of the application for licensure under Business and Professions Code Section 480. The information provided may be used to determine qualification for a Certified Public Accountant License.

Per California Civil Code, Section 1798.17 (Information Practices Act) the Executive Officer of the Board is responsible for maintaining the information in this application. This information may be transferred to the Department of Justice, District Attorney, a City Attorney, or to another government agency as may be necessary to permit the Board, or the transferee agency, to perform its statutory or constitutional duties, or otherwise transferred or disclosed as provided in Civil Code Section 1798.24.

Each individual has the right to review his or her file, unless the records are being withheld as provided in Civil Code Section 1798.40.